COMPLIANCE CHECKLIST

The following Checklist is for plan review of hospital outpatient surgical facilities and ambulatory surgery centers, and is derived from the AIA/HHS Guidelines for Design and Construction of Hospital and Health Care Facilities, 2001 Edition (Section 9.5), appropriately modified to respond to DPH requirements for projects in Massachusetts which include Hospital Licensure Regulations 105 CMR 130.000 and Clinic Licensure Regulations 105 CMR 140.000. Applicants must verify project compliance with all the requirements of the Guidelines, Licensure Regulations & Policies when filling out this Checklist, and must include the DPH Affidavit when submitting project documents for self-certification or abbreviated review.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- NFPA 101 Life Safety Code and applicable related standards contained in the appendices of the Code.
- 708 CMR, the State Building Code.
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board.
- Local Authorities having jurisdiction.

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The Checklist must be filled out <u>completely</u> with each application.
 Each requirement line (___) of this Checklist must be filled in with one of the following codes, unless otherwise directed. If an entire Checklist section is affected by a renovation project, "E" for existing conditions may be indicated

on the requirement line (___) next to the section title. If more than one space serves a given required function (e.g. patient room or exam room), two codes separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative

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Χ	=	Req	uirer	nent	is	met.

- Check this box under selected checklist section titles or individual requirements for services that are not included in the project.
- E = Functional space or area is existing and not affected by the construction project; this category does not apply if the existing space or area will serve a new or relocated service or if the facility is currently not licensed & applying for licensure.
 - N = Waiver requested for Guidelines, Regulation or Policy requirement that is not met (for each waiver request, complete separate waiver form & list the requirement ref. # on the affidavit).
- 3. Mechanical, plumbing and electrical requirements are only partially mentioned in this checklist.
- 4. Oxygen, vacuum & medical air outlets are identified respectively by the abbreviations "OX", "VAC" & "MA".
- 5. Items in italic, if included, refer to selected recommendations of the Appendix of the Guidelines, adopted by policy.
- 6. Requirements referred to as "Policies" are DPH interpretations of the AIA Guidelines or of the Regulations.

Facility Name:	Dates:
	Initial:
Facility Address:	Revisions:
Satellite Name: (if applicable)	DON Identification: (if applicable)
Satellite Address: (if applicable)	
Project Reference:	Building/Floor Location:
OPTIONAL ASSOCIATED SERVICES IN PROJECT (CHECKLISTS ATTACHED)	
Medical Clinics / Hosp. Outpatient Depts	Facilities

MECHANICAL/PLUMBING/ ELECTRICAL REQUIREMENTS

9.5.A/	GENERAL	LELOTRIOAL REGUINEMENTO
Policy	Facilities designed for max. 23 hrs patient stay	
	 Surgical suite divided into 3 contiguous areas: unrestricted (control point monitoring general access) semi-restricted (peripheral support spaces) restricted (operating rooms & immediate support spaces) 	
9.5.C	<u>PARKING</u>	
	 4 spaces per procedure room 1 space for each staff member Spaces near the entrance for pickup 	Lighting of parking lot & approaches to building
140.209	Handicapped parking	
9.5.D 9.5.D1 9.5.D2	ADMINISTRATION & PUBLIC AREAS Covered entrance for patient pickup Lobby area: waiting area convenient wheelchair storage	
	<pre> reception/information desk handicapped public toilets</pre>	Handwashing station Vent. min. 10 air ch./hr (exhaust)
	public telephone or convenient office telephone drinking fountain or bottled water	
	drinking fountain or bottled water dispenser	
9.5.D3	Interview space sight/sound privacy	
9.5.D4	 Administrative offices: separate from public and patient areas provide for confidentiality of records enclose offices for consultation 	
9.5.D5	Multipurpose room(s)	
9.5.D6	Medical records room	
9.5.D7	Lockable staff storage	
9.5.D8	General storage	
9.5.E _	STERILIZING FACILITIES ☐ check if service provided off-site	
9.5.E1	Soiled workroom: work surface washer/sterilizer decontaminators	Handwashing stationClinical flushing-rim sinkVent. min. 10 air ch./hr (exhaust)negative pressure
9.5.E2	Clean assembly/workroomterminal sterilization equipmentspace for carts	Handwashing station
9.5.E3	Clean/sterile supplies	Vent. min. 4 air/ch./hrpositive pressureTemperature/humidity control

ARCHITECTURAL REQUIREMENTS MECHANICAL/PLUMBING/ **ELECTRICAL REQUIREMENTS** 9.5F **CLINICAL FACILITIES** ___ Pre-operative area _ separate pediatric pre-operative space check if no pediatric surgery is performed ___ Handwashing station 9.5.F1 Exam/testing room ___ min. 80 sf ___ Vent. min. 6 air ch./hr ___ charting counter/shelf ___ Portable or fixed exam light ___ sight/sound privacy ___ Min. 2 el. duplex receptacles Operating rooms/ Post-anesthesia recovery rooms Class A: minor surgery (local anesthesia) check if service not included in project ___ 1 OX & 1 VAC 9.5.F2.b Operating rooms ___ min. 120 sf ___ Vent. min. 6 air ch./hr ____ 10'-0" minimum dimension ___ positive pressure ___ min. 3'-0"clearance on all sides of operating table Portable or fixed exam light ___ X-ray film illuminator 9.5.F3 Post-anesthesia recovery room ___ min. 1 recovery station per OR ___ Handwashing station ___ Access to bedpan cleaning ___ min. 2'-6" clearance on sides and end of beds ___ cubicle curtains 7.7B2 equipment ___ beds located for direct observation from nurses ___ 1 OX & 1 VAC for each bed Policy ___ Nurses call button at each bed station Vent. min. 6 air ch./hr separate pediatric recovery space check if no pediatric surgery is performed ___ space for parents Class B: intermediate surgery (sedation) check if service not included in project ___ 2 OX & 2 VAC 9.5.F2.c Operating rooms ___ sole access through restricted corridor ___ Vent. min. 15 air ch./hr ___ positive pressure ___ min. 250 sf ____ 15'-0" minimum dimension ___ 2 remote return registers near ___ min. 3'-6"clearance on all sides of operating table floor level X-ray film illuminator Portable or fixed exam light ____ 8 elec. duplex receptacles (36" AFF) ___ Lighting, all receptacles & fixed equipment on emergency power Emergency communication 9.5.F3 Post-anesthesia recovery room ___ min. 2 recovery stations per OR ___ Handwashing station 7.7B2 ___ min. 3'-0" clearance on sides and end of beds Policy ___ Access to bedpan cleaning ___ sight/sound privacy equipment ____ beds located for direct observation from nurses __ 1 OX & 1 VAC for each bed ___ Nurses call button at each bed ___ separate pediatric recovery space ___ Vent. min. 6 air ch./hr ☐ check if no pediatric surgery is performed ___ space for parents

ARCHITECTURAL REQUIREMENTS

MECHANICAL/PLUMBING/ ELECTRICAL REQUIREMENTS

	Class C : major surgery (regional or general anesthesia) ☐ check if service <u>not</u> included in project	
9.5.F2.d	Operating rooms sole access through restricted corridor min. 400 sf 18'-0" minimum dimension min. 4'-0"clearance on all sides of operating table X-ray film illuminator	 2 OX & 3 VAC Vent. min. 15 air ch./hr positive pressure 2 remote return registers near floor level Portable or fixed exam light 8 elec. duplex receptacles (36" AFF) Lighting, all receptacles & fixed equipment on emergency power Emergency communication
9.5.F3 7.7B2 Policy	 Post-anesthesia recovery room min. 3 recovery stations per OR min. 4'-0" clearance on sides and end of beds sight/sound privacy beds located for direct observation from nurses station separate pediatric recovery space check if no pediatric surgery is performed space for parents 	 Handwashing station Access to bedpan cleaning equipment 1 OX & 1 VAC for each bed Nurses call button at each bed Vent. min. 6 air ch./hr
9.5.F4	Step-down recovery area number of stations is at least half the number of stations required for post-anesthesia recovery control station space for family members provisions for privacy convenient toilet room sized for patient & assistant nourishment facilities	Handwashing stationVent. min. 10 air ch./hr (exhaust)Handwashing station

ARCHITECTURAL REQUIREMENTS MECHANICAL/PLUMBING/ **ELECTRICAL REQUIREMENTS** SUPPORT SERVICES 9.5.F5 ___ Control station at entrance of operating suite 9.5.F5.a ___ Drug distribution station 9.5.F5.b ___ Handwashing station ___ refrigerator ___ double locked storage Knee/foot controls 9.5.F5.c Scrub stations ___ near each OR entrance ___ each serves not more than 2 OR's ___ Electronic sensor controls on emergency power (Policy) 9.5.F5.d ___ Handwashing station Soiled workroom(s) ___ work counter ___ Clinical flushing-rim sink ___ waste receptacle ___ Vent. min. 10 air ch./hr (exhaust) ___ negative pressure 9.5.F5.e ___ soiled workroom(s) convenient to OR's ___ Vent. min. 6 air ch./hr 9.5E3 Clean/sterile supplies ___ Temperature/humidity control ___ 1OX & 1 MA 9.5.F5.f Anesthesia workroom for Class C surgery ___ Sink(s) ☐ check if function & Class C surgery not included in ___ Vent. min. 8 air ch./hr project ___ work counter(s) & racks for cylinders all air exhausted to outdoors ____ separate storage for clean & soiled items ___ case cart & equipt storage ___ Vent. min. 8 air ch./hr Medical gas supply & reserve storage 9.5.F5.g ___ all air exhausted to outdoors Equipment and stretcher storage 9.5.F5.h 9.5.F5.i Staff change areas ___ lockers ___ showers ___ toilets Handwashing stations ___ space for donning scrub suits and booties Vent. min. 10 air ch./hr (exhaust) one-way traffic directly into surgical suite Outpatient surgery change areas 9.5.F5.j ___ waiting room ___ lockers Handwashing stations ___ toilets Vent. min. 10 air ch./hr (exhaust) ___ clothing change areas ___ space for administering medications 9.5.F5.k _ Stretcher storage ___ Staff lounge 9.5.F5.I ___ Staff toilets Handwashing station ___ off surgical suite Vent. min. 10 air ch./hr (exhaust) ___ near recovery area 9.5.F5.m ___ Housekeeping room Service sink Vent. min. 10 air ch./hr (exhaust) Wheelchair storage 9.5.F5.n ___ Access to crash carts for surgery & recovery 9.5.F5.o ___ High-speed sterilizer 9.5.F5.p

GENERAL STANDARDS

Details and Finishes	Mechanical (9.31.D)
Corridor width:	Mech. ventilation provided per Table 7.2
min. 8'-0" corridor width in surgical suite	Exhaust fans located at discharge end
min. 5'-0" corridor width in other patient areas	Fresh air intakes located at least 25 ft from exhaust
Staff corridors	outlet or other source of noxious fumes
min. corridor width 44"	Contaminated exhaust outlets located above roof
Two remote exits from each outp. facility suite & flo	oor Ventilation openings at least 3" above floor
Fixed & portable equipment recessed does not red	uce Central HVAC system filters provided per Table 9.1
required corridor width (9.2.H1.c)	
Work alcoves include standing space that does not	Plumbing (9.31.E)
interfere with corridor width	Handwashing station equipment
check if service not included in project	handwashing sink
Doors:	hot & cold water
doors min. 3'-0" wide (9.2.H1.d)	single lever or wrist blades faucet
all doors are swing-type (Policy)	soap dispenser
doors do not swing into corridor (Policy)	hand drying facilities
Patient toilet room doors	Sink controls (9.31.E1):
outswinging or on pivots	hands-free controls at all handwashing sinks
can be opened by staff in an emergency	blade handles max. 41/2" long
Glazing (9.2.H1.e):	blade handles at scrub, clinical sinks min 6" long
safety glazing or no glazing under 60" AFF &	Medical gas outlets provided per 9.31.E5 & Table 9.2
within 12" of door jamb	No flammable anesthetics
Thresholds & expansion joints flush with floor surfa	ce
Handwashing stations located for proper use & ope	· · ·
(9.2.H1.g)	All occupied building areas shall have artificial lighting
min. 15" from centerline to side wall (Policy)	(9.32.D3)
Vertical clearances (9.2.H1.j):	Emergency power complies with NFPA 99, NFPA 101 &
ceiling height min. 7'-10", except:	NFPA 110 (9.32.H)
7'-8" in corridors, toilet rooms, storage ro	oms
sufficient for ceiling mounted equipment	
min. clearance 6'-8"under suspended pipes/tra	acks
Floors (9.2.H2.c):	
floors easily cleanable & wear-resistant	
washable flooring in rooms equipped with	
handwashing stations (Policy)	
non-slip floors in wet areas	
wet cleaned flooring resists detergents	
monolithic floors & integral bases in operating	rms
Walls (9.2.H2.d):	
wall finishes are washable	
smooth/water-resist. finishes at plumbing fixtu	IES
Ceilings:	
Restricted areas (operating rooms)	
monolithic ceilings (7.28.B8) Semi-restricted areas	
	tilos
monolithic ceilings or washable ceiling	uico
(7.28.B8) with gasketed & clipped down join	nte.
ELEVATORS	113
Provide at least or Each floor has a	n
one elevator in entrance located	
multistory facility outside grade lev	
wheelchair accessible HC accessible by	
each elevator meets ramp from outside	
9.30.B requirements grade level	
5.55.2 .5q56 grade 10101	